

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EMERITUS CORPORATION

LEGAL ENTITY

To operate GREEN MEADOWS-AlLENTOWN

NAME OF FACILITY OR AGENCY

Located at 1545 GREENLEAF STREET, ALLENTOWN, PA 18102

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 150
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 32

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 9, 2011 until August 9, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.No: 216551*Robert E. Robinson*

ISSUING OFFICER

R C [Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT
MAILING DATE: FEB 08 2011

Ms. Melanie Werdel
Emeritus Corporation
3131 Elliott Avenue, Suite 500
Seattle, Washington 98121

RE: Green Meadows – Allentown
1545 Greenleaf Street
Allentown, Pennsylvania 18102

Dear Ms. Werdel:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 19, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #216550 dated May 23, 2010 to May 23, 2011 is REVOKED. A FIRST PROVISIONAL license, effective February 9, 2011 to August 9, 2011 is being issued based on your plan to correct the violations as specified on the Violation Report. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Ms. Melanie Werdel

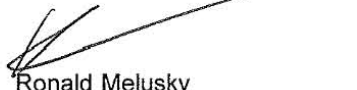
2

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 West, Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 6

NAME AND ADDRESS OF PERSONAL CARE HOME GREEN MEADOWS ALLENTOWN, 1545 GREENLEAF STREET ALLENTOWN, PA 18102		CURRENT LICENSE NUMBER 216550	
INSPECTION DATES (Include all dates of the inspection) 11/19/2010		REGIONAL REPRESENTATIVE Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kristin M. Ebaner Assistant Exec. Dir.</i>			
SIGNATURE OF LEGAL ENTITY <i>Kristin M. Ebaner</i>	DATE 1/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Elaine Emsch</i>	DATE 1/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
23a A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.	The home failed to meet the behavioral needs of resident #1, that were noted on the the preadmission screening/cognitive screening, dated 8/16/10. The home's assessments, dated 8/24/10 and 10/20/10; and support plans, dated 8/24/10, 9/24/10 and 10/20/10, did not identify the assistance needed by the resident from the home to address his/her behavioral needs.	11/9/2010 1/21/2011 1/20/2011	Resident # 1 no longer resides at community. A review of Memory Care residents files will be completed for those residents with behavioral needs, as indicated on the prescreen and cognitive screen, to verify that noted behaviors are addressed and include the assistance needed by the resident on both the personal care home assessment and support plan.	Steps have been taken to correct violation; full compliance is not verifiable 1/27/11 EE
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	The rights of resident #2 were not safe-guarded by the home because of failure to provide proper supervision of resident #1. Resident #1 inflicted a severe injury to resident #2 on 11/9/10 that ultimately resulted in the demise of resident #2.	ONGOING ONGOING	Pennsylvania Emeritus Resident Care Directors (Region 4) have been in-serviced to reemphasize the importance of accurate and concise personal care home assessments and support plans. Personal Care Home Assessments and Support Plans will be reviewed and approved by the Resident Care Director or designee as evidence by their signature, to confirm that all required information is present and reflects the residents Quarterly audit consisting of 10% of Memory Care Resident Records will be reviewed by member of Regional Support team to confirm Violation 42b: See Additional Page	Date Initials (DPW) PCH Division Central Region Field Office JAN 25 2011 RECEIVED

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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Additional Page

NAME AND ADDRESS OF PERSONAL CARE HOME GREEN MEADOWS ALLENTOWN, 1545 GREENLEAF STREET ALLENTOWN, PA 18102		CURRENT LICENSE NUMBER 216550	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kristin M. EBER Assistant Exec Dir</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE <i>1/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1/27/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	The rights of resident #2 were not safe-guarded by the home because of failure to provide proper supervision of resident #1. Resident #1 inflicted a severe injury to resident #2 on 11/9/10 that ultimately resulted in the demise of resident #2.	11/9/2010 1/21/2011 1/20/2011 ONGOING ONGOING	Resident # 1 no longer resides at community. A review of the resident files for those residents who reside in the Memory Care Unit will be conducted to verify that the adequate level of supervision is being provided by the home. PA Emeritus Resident Care Directors (Region 4) will be in-services on the signs of behaviors and interventions for such behaviors. Personal Care Home Assessment and Support Plans are updated consistent with the community's procedures and applicable State regulations. Personal Care Home Assessments and Support Plans will be reviewed by the Resident Care Director or designee as evidence by their signature. Quarterly audit consisting of 10% of Memory Care Resident Records will be reviewed by member of Regional Support team to confirm compliance with above plan of correction.	Steps have been taken to correct violation; full compliance is not verifiable <i>1/27/11</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The home's assessment, dated 8/24/10 for resident #1, admitted 8/21/10, did not address the at-risk behaviors exhibited by the resident as identified in the cognitive section of the preadmission admission screening of 8/20/10.	11/9/2010 1/21/2011 1/20/2011 ONGOING ONGOING	Resident # 1 no longer resides at community. A review of the resident files for those residents residing in the Memory care unit will be completed to identify and verify that the at-risk behaviors noted on the prescreen/cognitive screening are addressed on the residents Personal Care Home Assessment. Pennsylvania Emeritus Resident Care Directors (Region 4) have been in-serviced to reemphasize the importance of accurate and concise personal care home assessments and support plans. Personal Care Home Assessments will be reviewed and approved by the Resident Care Director or designee as evidence by their signature, to confirm that all required information is present and reflects the residents at risk behaviors and associated needs. Quarterly audit consisting of 10% of Memory Care Resident Records will be reviewed by member of Regional Support team to confirm compliance with above plan of correction.	Steps have been taken to correct violation; full compliance is not verifiable 1/27/11 Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kristin M. Eber</i> Assistant Sec Dir.			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 1/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The home's assessment, dated 10/20/10 for resident #1 did not address the at-risk behavioral needs exhibited since the date of admission, as documented in the home's service notes.	11/9/2010 1/21/2011 1/20/2011 ONGOING ONGOING	Resident # 1 no longer resides at community. A review of the resident files for those residents residing in the Memory care unit will be completed to identify and verify that the at-risk behaviors noted on the service notes are addressed on the residents Personal Care Home Assessment. Pennsylvania Emeritus Resident Care Directors (Region 4) have been in-serviced to reemphasize the importance of accurate and concise personal care home assessments and support plans. Personal Care Home Assessments will be reviewed and approved by the Resident Care Director or designee as evidence by their signature, to confirm that all required information is present and reflects the residents at risk behaviors and associated needs. Quarterly audit consisting of 10% of Memory Care Resident Records will be reviewed by member of Regional Support team to confirm compliance with above plan of correction.	Steps have been taken to correct violation; full compliance is not verifiable 1/27/11 Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 1/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	The support plan, dated 9/24/10 prepared by the home for resident # 1 did not include the services to be provided to meet the at-risk behaviors exhibited by the resident. Behavioral needs were identified on the resident's preadmission screening and in staff service notes.	11/9/2010 1/21/2011 1/20/2011 ONGOING ONGOING	Resident # 1 no longer resides at community. A review of the resident files for those residents residing in the Memory care unit will be completed to identify and verify that the at-risk behaviors noted on the preadmission screening and staff service notes are addressed on the residents Personal Care Home Support Plan. Pennsylvania Emeritus Resident Care Directors (Region 4) have been in-serviced to reemphasize the importance of accurate and concise personal care home assessments and support plans. Personal Care Home Assessment and Support Plan will be reviewed and approved by the Resident Care Director or designee as evidence by their signature, to confirm that all required information is present and reflects the residents at risk behaviors and associated needs. Quarterly audit consisting of 10% of Memory Care Resident Records will be reviewed by member of Regional Support team to confirm compliance with above plan of correction.	Steps have been taken to correct violation; full compliance is not verifiable 1/27/11 Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>K. Sborner</i>	DATE 1/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enrich</i>	DATE 1/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The support plan, dated 10/20/10 prepared by the home for resident # 1, admitted 8/21/10, did not address the at-risk behavior exhibited by the resident as documented in staff service notes and as noted on the resident's preadmission screening.	11/9/2010 1/21/2011 1/20/2011 ONGOING ONGOING	Resident # 1 no longer resides at community. A review of the resident files for those residents residing in the Memory care unit will be completed to identify and verify that the at-risk behaviors noted on the preadmission screening and staff service notes are addressed on the residents Personal Care Home Support Plan. Pennsylvania Emeritus Resident Care Directors (Region 4) have been in-serviced to reemphasize the importance of accurate and concise personal care home assessments and support plans. Personal Care Home Assessment and Support Plans will be reviewed and approved by the Resident Care Director or designee as evidence by their signature, to confirm that all required information is present and reflects the residents at risk behaviors and associated needs. Quarterly audit consisting of 10% of Memory Care Resident Records will be reviewed by member of Regional Support team to confirm compliance with above plan of correction.	Steps have been taken to correct violation; full compliance is not verifiable 1/27/11 Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Kristin M Zbner</i>	DATE 1/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enrich</i>	DATE 1/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
234b The support plan shall identify the resident's physical, medical, social, cognitive and safety needs.	The initial support plan, dated 8/24/10 prepared for resident #1, admitted 8/21/10, did not address the services to be provided to meet the behavioral needs of the resident. Behavioral needs were identified in the home's preadmission screening but not noted on assessments used to prepare the support plan.	11/9/2010 1/21/2011 1/20/2011 ONGOING ONGOING	Resident # 1 no longer resides at community. A review of the resident files for those residents residing in the Memory care unit will be completed to identify and verify that the at-risk behaviors noted on the prescreen screening are addressed on the residents Personal Care Home Assessment and Support Plan. Pennsylvania Emeritus Resident Care Directors (Region 4) have been in-serviced to reemphasize the importance of accurate and concise personal care home assessments and support plans. Personal Care Home Assessment and Support Plan will be reviewed and approved by the Resident Care Director or designee as evidence by their signature, to confirm that all required information is present and reflects the residents at risk behaviors and associated needs. Quarterly audit consisting of 10% of Memory Care Resident Records will be reviewed by member of Regional Support team to confirm compliance with above plan of correction.	Steps have been taken to correct violation; full compliance is not verifiable 1/27/11 SE Date Initials (DPW)